## BEFORE THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

In the Matter of a General Investigation Into	)	
The Adjustment of Intrastate 8YY Access	)	
Charges Pursuant to the Federal Communication	)	Docket No. 22-GIMT-454-GIT
Commission's Reforms, Effective July 1, 2022	)	

# SUBMISSION OF ICC CAF DATA COLLECTION AND CERTIFICATIONS

COMES NOW Home Telephone Company, Inc. and as required by the FCC, submits the accompanying information.

Home Telephone Company, Inc. submits its company-specific information under seal as confidential and proprietary as set forth in the letter filed herewith.

Respectfully submitted,

Mark Doty #14526

GLEASON & DOTY, CHARTERED

P.O. Box 490

Ottawa, KS 66067

(785) 242-3775 ph (785) 242-3855 fax

doty.mark@gmail.com

### Certification of Officer as to the Accuracy of the CAF ICC Data Reported

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Home Telephone Company, Inc.

Signature of Authorized Officer Tuna Anderson

Printed name of Authorized Officer Tina Anderson

Title or position of Authorized Officer Customer Acct & Billing Mgr/Secretary

Telephone number of Authorized Officer: (620) 654-3381, ext.

Study Area Code of Reporting Carrier

411782

Filing Due Date for this form (mm/dd/yyyy)

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of O	fficer to Authorize	an Agent to	File Data Reported	d on Behalf of Re	porting Carrier	
I certify that (Name of Agent)TCA, I also certify that I am an officer of the re best of my knowledge, the actual data pro	porting carrier; my resp		ude ensuring the accurac	•	ted on behalf of the report to the Authorized Agent;	-
Name of Authorized Agent TCA, Inc						
Name of Reporting Carrier Home Telephone Company						
Signature of Authorized Officer Ona Hoderson						2
Printed name of Authorized Officer Tina Anderson						
Title or position of Authorized Officer Cust		ng Mgr / Se	cretary			
	620) 654-3381 <sub>, ex</sub>					
Study Area Code of Reporting Carrier	411782		Due Date for this form	06/16/2022		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

#### TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Home Tele	phone Compan	ıy, Inc.			
Signature of authorized officer				Date	6/6/2022
Printed name of authorized officer Tina	Anderson				
Title or position of authorized officer Cus	stomer Acct & B	illing Mo	gr / Secretary		
Telephone number of authorized officer: $(6)$	620) 654-3381				
Study Area Code of Reporting Carrier	411782		Filing Due Date for this form (mm/dd/yyyy)	06/16/2022	
Pareone willfully making falso state	amonte on this form of	n ho nunie	had by fine or forfaiture under th	o Communications	Act of 1934 47 II S C 88 502

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

#### TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Home Tele	phone Compan	y, Inc.			
Signature of authorized officer	e Anderson	)		Date	6/6/2022
Printed name of authorized officer Tina A	Anderson				
Title or position of authorized officer Cust	omer Acct & Bil	lling Mg	r / Secretary		
Telephone number of authorized officer: (6	20) 654-33 <u>81</u>				
Study Area Code of Reporting Carrier	411782		Filing Due Date for this form (mm/dd/yyyy)	06/16/2022	
Persons willfully making false statements on this form can be nunished by fine or forfeiture under the Communications Act of 1934 47 U.S.C. 88 502					

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.